

Send to:
STATE OF CONNECTICUT
INSURANCE DEPARTMENT
PO Box 816
HARTFORD, CONNECTICUT 06142-0816

INSURANCE COMPANY APPOINTMENT CANCELLATION NOTICE - INDIVIDUALS and BUSINESS ENTITIES

INSTRUCTIONS:

1. Complete this form in its **entirety**.
2. Mail the original form to the Insurance Department **within 30 days of cancellation** [CGS 38A-784(d)].
3. Mail copy to the producer **within 30 days of cancellation** [CGS 38a-784(d)].
4. Keep copy for Company record.
5. Preprint the Company's Connecticut number.

TO: **Insurance Commissioner**
State of Connecticut Insurance Department

The Insurance Company indicated herein respectfully requests that you cancel the appointment of the individual or business entity named herein to act as an agent for this company effective //

Insurance Company's Connecticut Number
00000

Name of Insurance Company

Licensee's
SSN (Individual) or FEIN # (Firm)

Licensee's Full Legal Name as it appears on their current CT Producer license

Connecticut Producer License Number

Licensee's Address (No & St) (City) (State) (Zip)

Please check (✓) appropriate authority(ies). Use a separate form for each license number.

STANDARD LINES OF AUTHORITY

- ☐ Accident & Health
- ☐ Casualty
- ☐ Fixed & Variable Annuities
- ☐ Life
- ☐ Life, Accident & Health
- ☐ Life & Variable Contracts
- ☐ Life, A&H and Variable Contracts
- ☐ Personal Lines
- ☐ Property & Casualty

LIMITED LINES OF AUTHORITY

- ☐ Bail Bonds
- ☐ Credit
- ☐ Limited Auto Physical Damage
- ☐ Limited Home Warranty
- ☐ Mortgage Guaranty
- ☐ MV Service Agreement
- ☐ Other Limited Line (Specify) _____
- ☐ Travel

Please check (✓) reason for cancellation:

- ☐ Agent Deceased-Date of Death _____
- ☐ For Cause (**Submit Documentation**)
- ☐ Other Reason: _____

Signed (Authorized Insurance Company Representative)

Date Signed

Type Name of Signatory and Title

09/01/02